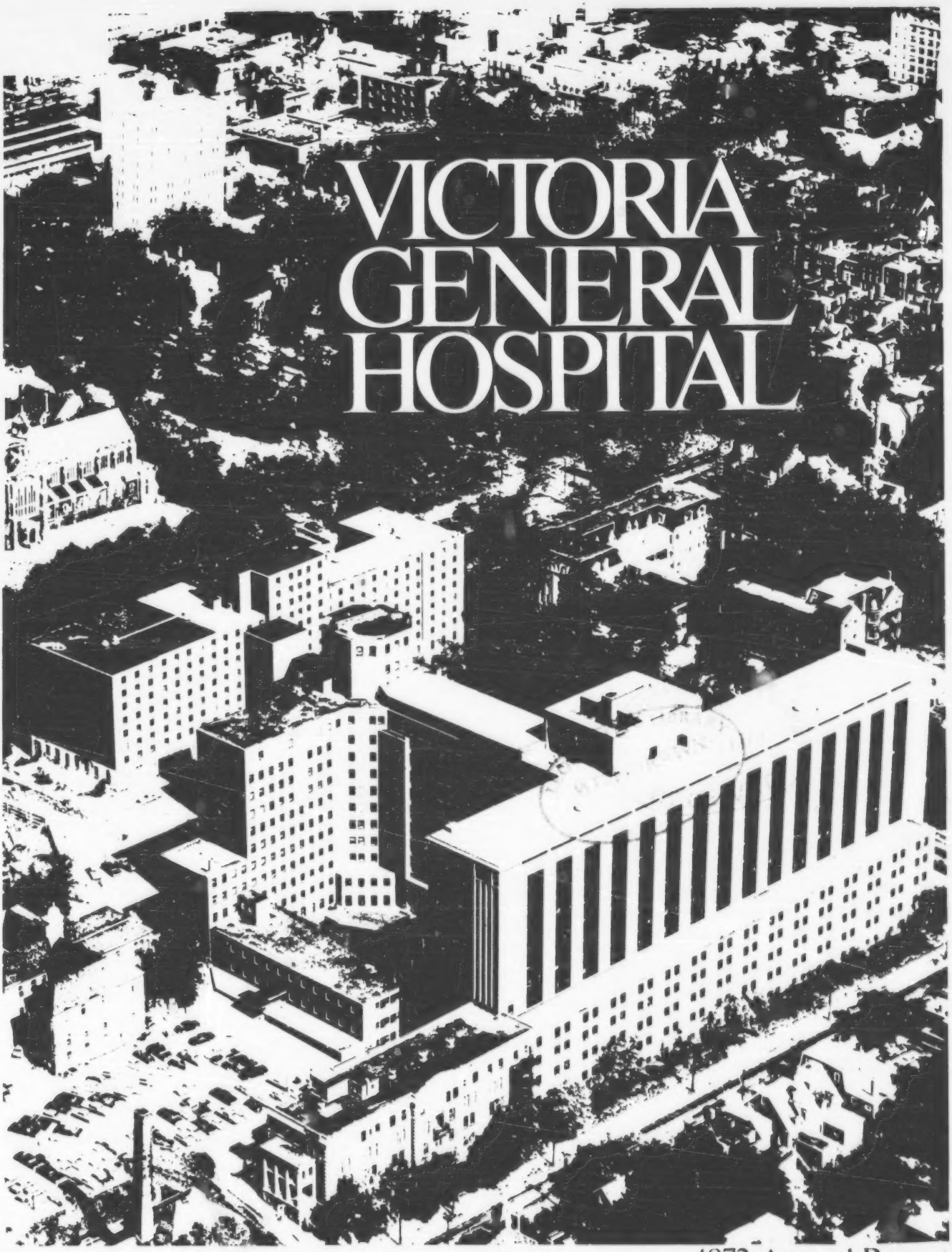


VICTORIA GENERAL HOSPITAL

1972 Annual Report

101-03396/

PROVINCE OF
NOVA SCOTIA

1972 Annual Report

VICTORIA GENERAL HOSPITAL

The Honourable Clarence Lloyd Gosse,
M.D., C.M., F.R.C.S.
Lieutenant-Governor of Nova Scotia

May It Please Your Honour:

I take pleasure in submitting to you the annual report of the Victoria General Hospital for the year ended December 31, 1972.

Your obedient servant,

D. Scott MacNutt
Minister of Public Health

The Honourable D. Scott MacNutt
Minister of Public Health
Province of Nova Scotia

Sir:

On behalf of the Board of Commissioners, it is my pleasure to submit to you the 106th Annual Report of the Victoria General Hospital, covering the period January 1 to December 31, 1972.

Respectfully submitted,

William G. McNeil
Acting Chairman
Board of Commissioners
Victoria General Hospital

REPORT OF THE EXECUTIVE DIRECTOR

William G. McNeil
Acting Chairman
Board of Commissioners
Victoria General Hospital

I have the honor of submitting the 106th annual report of the Victoria General Hospital for the year ending December 31, 1972.

As a major teaching hospital with a referral area which includes all the Atlantic provinces as well as Nova Scotia, the responsibilities of the Victoria General Hospital are three-fold: patient care, education, and clinical research.

The Victoria General is capable of delivering highly specialized and sophisticated medical care for patients, but this is seriously interfered with by having to share so much of the responsibility for providing non-specialized care for the residents of the Halifax metropolitan area.

All too often, the necessity of delivering such care makes it difficult to perform the specialized role for which the hospital facilities and personnel are equipped. Many of our patients could be looked after in a community-type hospital.

The hospital's role in education is not only in the education of medical students, nursing students, and those in the allied health professions, but also at the postgraduate level in the training of specialists. Many clinical traineeships are provided for doctors from the Atlantic provinces who wish to come to the hospital either to observe or train on a short term basis.

Clinical research within the hospital setting was the subject of a Joint Conference Committee Meeting.

The board agreed with the medical staff that clinical research in the hospital should receive more attention. The Victoria General and the Faculty of Medicine at Dalhousie University share responsibility for assuring that clinical research programs are developed at an appropriate level necessary to improve the level of patient care and educational activities.

The medical staff and hospital administration have been involved in some of the planning for the 1970's, and presentations were made to authoritative bodies outlining what we consider to be the hospital's role in the provincial hospital field. A submission on ambulatory care for the Halifax metropolitan area was prepared by the active medical staff and approved by the board of commissioners. In addition, the administrative and medical staffs were actively involved in the regional planning of the Halifax metropolitan area and members of the medical staff participated in special studies for the Nova Scotia Council of Health.

It is with great anticipation that we await the Report of the Nova Scotia Council of Health because it is assumed that its recommendations will greatly affect the operation of the hospital. The pressure on the Victoria General to assume a larger responsibility for the admission of patients requiring emergency care has continued and has materially affected the operation of various departments and services within the hospital. It is hoped that a share of this burden will be lifted and more evenly distributed to other hospitals in the area.

The active, courtesy and consulting staffs continued to supply high quality medical care to all our patients in 1972. Fifteen new members were added to the active

STATISTICAL SUMMARY

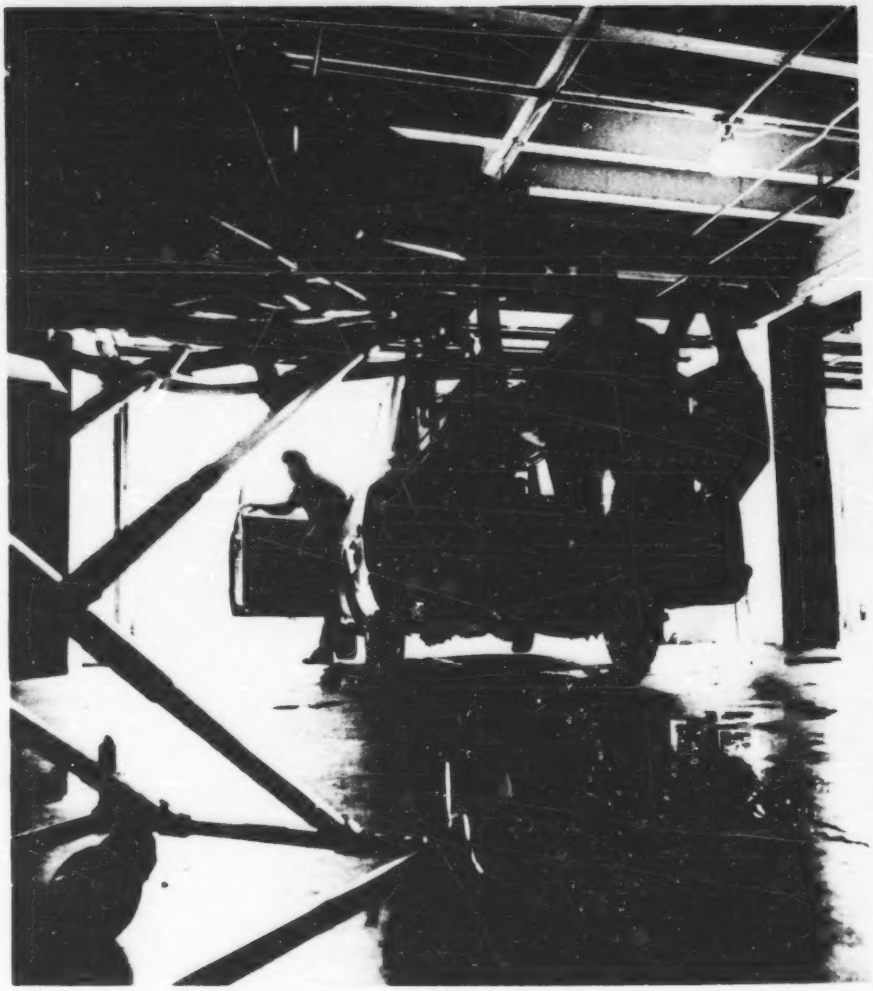
	1972		1968	
Total Admissions	18,175		13,353	
Emergency Department	~~28,431~~ 38,431		22,785	
Outpatient Department	14,009		11,821	
Dentistry (new patients)	3,265		412	
Diagnostic X-rays	110,573		76,590	
Pharmacy Orders	98,500	(app)	97,800	(app)
Electrocardiograms	24,530		11,573	
Electroencephalographs	2,631		1,905	
Units Blood	7,560		7,429	
Anesthetics Administered	18,964		9,605	
Meals Served	1,569,660		1,165,009	
Average Daily Occupancy	83%		86%	
Average Stay per Patient (days)	13.8		13.81	

medical staff in 1972, bringing the total number to 169.

It is with deep regret that we record the untimely deaths of Dr. Robert L. Aikens of the Department of Medicine, and Dr. Allan S. MacIntosh of the Department of Anesthesia. Both were very valuable members of the medical staff and contributed greatly to the high quality of medical care of our patients.

Dr. C.L. Gosse resigned as head of the Department of Urology, but remained a member of the medical staff. He was succeeded by Dr. F.G. Mack. Dr. H.H. Tucker resigned from the Department of Neurosurgery and moved to Moncton to set up a neurosurgical unit there. Drs. N.A. Kerenyi and F.U. Rahman of the Department of Pathology also resigned from the staff.

As usual, it is not possible to cite every department and individual for loyal and dedicated service, but their contributions do not go unrecognized. To the medical staff, and the resident, intern, nursing and support staffs, our sincere appreciation is extended for the conscientious medical care provided our patients. We also thank the various government departments with whom we work so closely on a daily basis. The Nova Scotia Hospital Insurance Commission has continued to extend to us a great measure of co-operation, as have the Minister of Public Health, the Honourable D. Scott MacNutt, and the Deputy Minister, Dr. G.G. Simms. We congratulate Dr. Simms on his appointment as Deputy Minister of Public Health, and extend our thanks to Dr. J.S. Robertson who retired this year from the post. As Deputy Minister and long-time member of the board of commissioners, Dr. Robertson gave freely of his time and advice to the Victoria General Hospital. We wish him many happy years in his retirement.



To you, sir, and the other members of the board of commissioners, I would like to express on behalf of the staff and myself, our sincere appreciation for the co-operation and support given to us this past year.

All of which is respectfully submitted.

M.R. Macdonald, M.D.
Executive Director

MEDICAL STAFF

The total range of activities of the **Department of Medicine** has expanded considerably over the past few years. In 1972, the **Cardiology Service** opened a new cardiovascular laboratory for hemodynamic and radiological investigation of cardiological problems, allowing a major improvement in the quality of this type of investigation. The new equipment, has simultaneous bi-plane cinematography, and gives greater resolution making it possible to better evaluate the parameters of the heart and arteries. The only one of its type in Canada at the moment, the cardiac unit makes it easier to estimate operative risk for the patient. The cardiac unit includes a specialist in cardiovascular radiology from the **Department of Diagnostic Radiology**. A new Cardiovascular Recovery and

Intensive Care Unit was equipped by the **Victoria General Hospital Auxiliary** and will be opened in 1973.

In the **G.I. Function Unit,** facilities for endoscopic examination, particularly of the gastrointestinal tract, were improved as a result of the acquisition of an esophagogastroduodenoscope. The instrument makes better diagnosis possible by allowing direct observation of tissue. A camera can be attached to record what is seen. There is also a biopsy attachment and a teaching attachment which allows simultaneous observation by two independent observers. A new motility unit has also been added to aid in diagnosis.

About 25 patients were carried in the **Renology Service's** chronic dialysis program of the Renal Dialysis Unit in 1972. The renal clinic investigated about three patients a month. The outpatient load is primarily renal transplant patients.

The **Department of Surgery's** kidney transplant program encountered difficulty in the past year due to a lack of donors. However, there is evidence of increased interest in the program, and it is hoped that the large number of patients with chronic kidney disease can be helped in the coming year. The department has also been attempting new approaches in the management of patients with malignant diseases. An active program of combined clinical and laboratory techniques based on immunology has been instituted. It is too early to predict the results of the program, but there are indications that some aspects of this program will greatly benefit patients with malignant diseases.

The trend to sub-specialize continues in the **Department of Diagnostic Radiology**. There are now specialists in cardio-radiology, neuro-radiology, and ultrasound. Future equipment will include ultrasonic "B" scanning which is used mainly in intra-abdominal pathology, including obstetrics and gynecology, urology, and breast lesions. This method of diagnosis is the most useful and accurate of the non-invasive diagnostic techniques and holds great promise for the future.

Breast cancer detection has been improved with the installation of a mammography x-ray unit. Detection will be further improved with the installation of a thermography unit in 1974 and a xero radiography unit in 1975.

The **Ophthalmology Department** instituted a neuro-ophthalmologic outpatient clinic in the fall of 1972 for fundus photography, flourescin angiography, and photocoagulation with the xenon photocoagulator or the Argon laser beam. The latter instrument is particularly useful in the treatment of diabetic retinitis, the third most common cause of blindness. There are only three or four of these instruments in Canada. They have considerably advanced the treatment of retinal pathology for this area. Many cases of progressive blindness which would earlier have been either untreated or referred to eye centers in Toronto or Boston can now be treated locally.

The **Department of Gynecology** has been accepted as the referral center for gynecological malignancies in the area. As a result, a very active oncology section has arisen. Disposition clinics in cancer are now available to any doctor wishing to refer patients. The department has a very well functioning O.R., but because of the increased load due to abortions and tubal ligations, some difficulty was experienced in doing the most urgent gynecological

surgery on schedule.

The examining facilities in the **Department of Otolaryngology** have been enlarged. The department has acquired Bekesy and Maico audiometers, electronystagmographic and caloric testing equipment, as well as a Zeiss operating microscope for examining and treating patients with ear pathology.

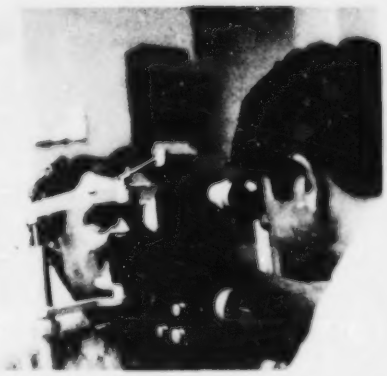
Due to increased workload during 1972, the **Pathology Department** has tried to streamline its operations for greater economy and particular attention has been paid to computerization. The clinical chemistry division has developed new computer programs which resulted in about 45 new procedures, mainly in toxicology and environmental chemistry. Routine hemogram procedures were automated by the installation of a Coulter Counter Model S, resulting in a considerable saving of labor.

The **Emergency Department** experienced a considerable increase in emergency patients treated and admitted during the past year. The primary difficulty is the number of patients seen who require hospitalization. This number is rapidly approaching the bed limits of the hospital.

Interns are no longer required to respond routinely to ambulance calls. This is now the responsibility of trained ambulance attendants who have proved to be extremely effective in providing emergency care at the scene of an accident.

In 1972, more patients made fewer visits to the **Outpatient Department**. These made greater use of the consultative and specialty service clinics rather than those for long-term or continuing care. Many previous long-term general medical patients have been encouraged to establish themselves with family doctors for their primary contact care, reducing the number of general medical care clinics.

A methadone clinic for the treatment of heroin addicts was started during the summer in the **Outpatient Department** under the direction of the **Department of Psychiatry**. It was funded by the Nova Scotia Drug Dependency Commission. To date, very limited use has been made of this service and it is still uncertain as to the actual need for the service.



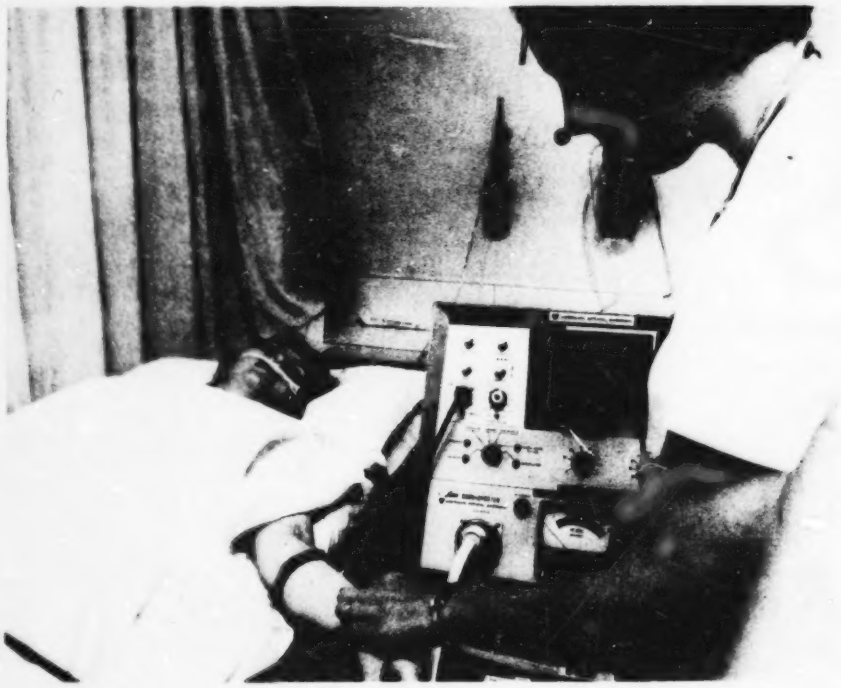
NURSING SERVICE AND EDUCATION

The **Nursing Service** has continued to review findings made in studies of staffing, using our own statistics and that of other hospitals. With continuing assistance from Miss Margaret MacLean, nursing consultant with the Department of National Health and Welfare, and nursing counsellors with the Nova Scotia Hospital Insurance Commission, we were able to continue the progress made in the organization of the service. We were fortunate in procuring the services of some of the recommended supervisory personnel. A nursing establishment for the hospital was approved by the Hospital Insurance Commission. This will enable us to plan our nursing needs in a more satisfactory manner.

Increased patient visits to the **Emergency** and **Outpatient Departments** involved more nursing time in 1972. Probably the most noticeable increase in outpatient service is the provision of recovery care to those undergoing surgical procedures – an average of 19 cases each day.

These patients are discharged from the Recovery Room to their homes, necessitating more nursing hours in the Recovery Room while cutting down the necessity for hospital admission. The **Victorian Order of Nurses** provides a liaison service to patients treated.

Teaching programs for the patient have been set up by some nursing units to plan for a patient's discharge. These are geared to a patient's needs and help prepare him for continuing care at home or help him adapt to changes in living patterns after his discharge. A team approach, consisting of a doctor, nurse, dietitian, social worker and others as the need arises, is used.



New audio-visual equipment for staff and patient teaching has been used more widely and the inservice nursing education staff have been involved in making their own films in co-operation with the Dalhousie Medical School audio-visual department.

The **Inservice Nursing Unit**, in co-operation with the supervisors and the Head Nurses' Group, continued their efforts to upgrade the quality of nursing rendered our patients. Numerous meetings, study sessions, and workshops were held and attended by the members of the nursing inservice staff. The orientation program was expanded to meet the needs of new nursing staff from our **School of Nursing** and those from other provinces.

One day workshops were held each month in skill training or other items of interest to nurses. Programs on individual units were developed with the guidance of inservice staff. These included: a lecture course on psychological and sociological principles applied to nursing; special workshops on evaluation and communication; and a formal program of lectures, demonstrations, and supervised practical experience was given in the spring and fall for special unit nurses.

Two classes of students were graduated from the **School of Nursing** during the year. The first group, the last class of the three-year program, graduated in February. The second graduation in August comprised the first class of the new two-year program. In all, a total of 300 nurses were graduated.

During 1972, the **School of Nursing** assumed responsibility for administration, faculty appointments, instruction of students and selection of learning experiences of students in obstetrical and psychiatric nursing.

SUPPORT STAFF

A survey of the **Social Services Department** was carried out last year by Miss Betty Wong, Consultant, Welfare Manpower Development of the Department of National Health and Welfare, and Mrs. Margaret MacDonald of the Nova Scotia Hospital Insurance Commission, with the co-operation of Miss Pauline MacDonald and her staff. A very practical report was submitted at year's end. Indicated action will be undertaken in 1973 in order to develop and expand the high quality of social service assistance needed for our patients.

A computerization program to control hospital supplies is in the final stages of completion in co-operation with Management Consultant Services. Surveys were made of the **Laundry Department** and some aspects of the ventilation system and heating plants. Many indicated recommendations for improvement were carried out. A survey covering the operation of the **Maintenance Department** is contemplated for 1973.

The demands for admission of patients continued to exert inordinate pressure on our **Admitting Office.** Approximately 60% to 70% of all patients are admitted on an urgent or emergency basis and this works to the disadvantage of patients who are booked electively to procure an early admission date. It also makes it more difficult to plan patient care. When one considers that 6,409 of the 38,431 patients seen in the **Emergency Department** alone required admission, then it is small wonder that elective patients admissions are delayed.

Microfilming of less recent medical records continued during 1972 in the **Medical Records Department.** Records of patients who have not been treated in the Victoria General Hospital since 1962 are now on microfilm. At present, there are about 140,000 charts in their original form filed in the department.

The **Audio-visual Department** moved to new facilities in 1972. The scope of its functions has been expanded to include the supervision of the television monitoring system which is connected to the audio-visual department of the Dalhousie Medical School. This network carries daily video programs which are used as teaching aids for interns, residents, and medical staff. The **Hospital Auxiliary** donated eight television monitors and a playback unit for the hospital.

Plans have been made to develop the **Chaplaincy Service** so that it may develop and expand its services. During the year, Reverend David Kennedy, chaplain representing the Atlantic Unit Baptist Convention, retired. He contributed many years of fine service to our patients and personnel and was a nice person "to have around".

Reverend Owen Connolly, Roman Catholic Chaplain, was transferred from his hospital duties. Father Connolly was a popular and dedicated hospital pastor and his hospital presence has been missed.

To their successors, Reverend George McGray and Reverend W.T. Slaney, a warm welcome was extended. Also welcomed to the hospital was the Reverend Robert Coote, representing the Anglican denomination.

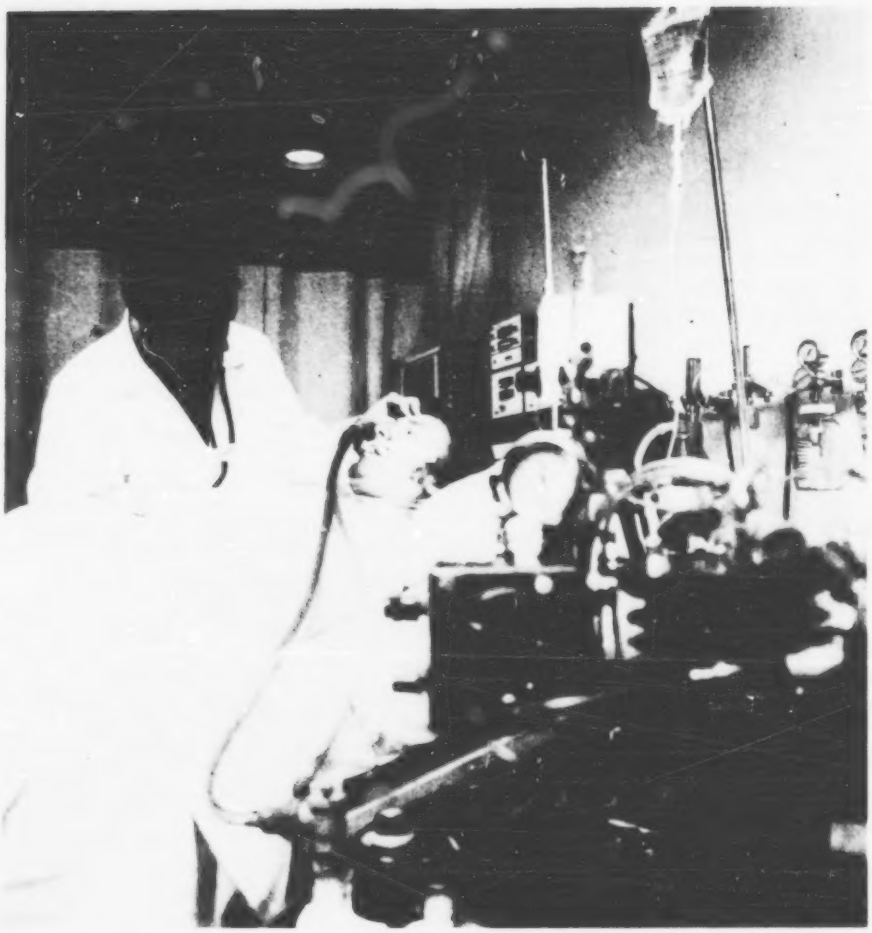
The **Pharmacy Department** has continued to widen its scope of involvement in the clinical and medical services of the hospital. A start has been made on a complete revision of the hospital formulary and the Drug Information Centre was actively used during 1972. The pharmacy bulletin, "Pharmafacts", continued to be published quarterly to favorable response. The department participated in several studies carried out by the **Psychiatry Department** and the **G.I. laboratory.** It was also involved in the development of drug dependency and methadone clinics in the **Outpatient Department.**

The Medical Staff Library has been renamed the **Health Sciences Library** and now serves all hospital medical and paramedical staff. With the assistance of the various departments of the hospital, the library has developed a core collection of the most important, up-to-date books and journals of the various health service disciplines. Books which are not on file in the library can be borrowed from the Kellogg Health Sciences Library at Dalhousie University.

The **Victoria General Hospital Auxiliary,** formed in 1958, was incorporated during 1972. Its main

fund-raising projects are the Acadia Room Coffee Shop and Gift Shop. It also operates a beauty salon for patients and a barber shop. Some of the staff in these operations are volunteers. **Volunteer Services** are also provided for inpatient and outpatient care as requested by patient or doctor. Volunteers also serve as ward clerks and aides at nursing stations, medical records and outpatient department to relieve regular staff as requested.

RESEARCH



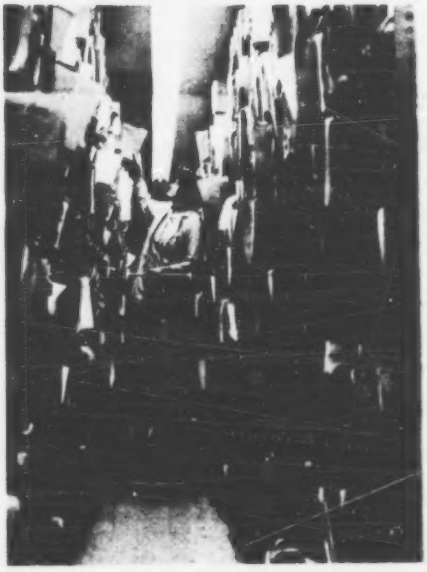
All hospital departments are encouraged to become involved in research activities. In the **Department of Medicine**, some of those involved in basic, developmental, or applied research are: the **Gastrointestinal Service; Renology; Cardiology**, which has integrated its efforts with the Biophysics Division and the Department of Physiology at Dalhousie University; and **Rheumatology** which has been involved in studies of osteoarthritis, calcium pyrophosphate crystal induced synovitis, immuno-suppressive drug therapy in rheumatoid arthritis and inflammatory arthritis. The **Neurology Service** has been conducting a survey of motor neuron disease in Nova Scotia, as well as studies in malignant hyperthermia, congenital sensory neuropathy, and Parkinson's disease.

The **Department of Radiotherapy** is active in a number of research programs including the **Department of Surgery's** immuno-therapy program for the treatment of advanced carcinoma of the lung. Other projects are the treatment of Stage IIIB Hodgkin's Disease with chemotherapy and/or radiation therapy; the possible role of adenosine phosphates in improving results of radiotherapy; and detection of deep venous thrombus by radioactive streptobinase and urobinase.

The **Department of Neurosurgery** is conducting a follow-up study of patients who have had carotid endarterectomies and studying the effects of cooling on the acutely injured spinal cord.

The **Gynecology Service** is also involved in a number of research programs. These include: an evaluation of contraceptive techniques, including the Copper-T shield and the Dalkin Shield; an evaluation of therapeutic abortion at the hospital; and a study of uterine cancer detection. Clinical trials and investigations are being carried out by the service's **Endocrine and Infertility Research Unit.**

The departments of Diagnostic Radiology, Anesthesia, Dentistry, Otolaryngology, Ophthalmology, all conduct active research programs in their subject areas, as well as co-operating in programs originating in other departments.



ANALYSIS OF HOSPITAL SERVICES FOR 1972

Services	Male	Female	Total	Died Under 48 Hours	Died Over 48 Hours	Total Deaths	Death Rate	No. of Autopsies	Autopsy Rate	No. of Pts. Receiving Consult.	Consult. Rate	Total Days	Average Days Stay
Ward													
Medicine	1,813	1,414	3,227	73	213	286	8.86	113	39.51	1,008	31.24	53,173	16.5
Surgery	2,222	1,563	3,785	26	123	149	3.94	64	42.95	961	25.39	56,406	14.9
Neurosurgery	360	161	521	18	26	44	8.45	30	68.18	159	30.52	8,887	17.1
Ophthalmology	132	69	201	–	1	1	.50	–	–	50	24.88	2,918	14.5
Otorhinolaryngology	165	92	257	–	3	3	1.17	1	33.33	69	26.85	2,409	9.4
Newborn	1	–	1	–	–	–	–	–	–	–	–	1	1.0
Gynecology	–	1,411	1,411	1	9	10	.71	9	90.00	283	20.06	9.050	6.4
Urology	982	297	1,279	2	9	11	.86	7	63.64	285	22.28	15,225	11.9
Psychiatry	74	147	221	–	1	1	.45	1	100.00	105	47.51	5,728	25.9
Total	5,749	5,154	10,903	120	385	505	4.63	225	44.55	2,920	26.78	153,797	14.1
Private													
Medicine	436	565	1,001	–	26	26	2.60	7	26.92	578	57.74	18.050	18.0
Surgery	1,454	1,849	3,303	2	57	59	1.79	7	12.73	825	25.00	46,007	13.9
Neurosurgery	197	210	407	2	5	7	1.72	4	57.14	135	33.17	6,170	15.2
Ophthalmology	90	144	234	–	–	–	–	–	–	66	28.21	2,544	10.9
Otorhinolaryngology	168	152	320	–	–	–	–	–	–	36	11.25	1,640	5.1
Gynecology	–	1,303	1,303	–	1	1	.08	1	100.00	148	11.36	10,664	8.2
Urology	381	134	515	–	5	5	.97	–	–	133	25.83	6,894	13.4
Psychiatry	48	141	189	–	–	–	–	–	–	66	34.92	4,846	25.6
Total	2,774	4,498	7,272	4	94	98	1.35	19	19.39	1,987	27.32	96,815	13.3
Total	8,523	9,652	18,175	124	479	603	3.32	244	40.46	4,907	27.00	250,612	13.8

SELECTED STATISTICS 1972

Outpatient Department — 14,009 patients; 41,663 visits

Audio-visual Department — 138 patients photographed; 2,950 photos and slides taken

Dentistry — 5,510 patients (new and return); 14,320 services performed

Pathology

Total Tests Performed 1972

Surgicals	12,660
Frozen Sections	613
Cytology	64,301
Hematology	272,996
Clinical Chemistry	919,388

Clinical Bacteriology

Total Specimens	55,026
Total Units	250,366

Central Supply

Total Trays and Supplies Issued	126,788

Department of Preventive Medicine

Staff Health Clinics

Immunization Clinic	
New staff attending	769
Student nurses attending	240
No. of procedures given	5,088
TB Testing Clinics	
Attendance	216
TB tine tests on nursing staff	549
Physical exam on dietary staff	218
New dietary staff tested	173
Communicable Diseases reported to Medical Health Officers	303
Admission X-ray Program	4,782 Inpatients
	6,662 Outpatients
	300 Staff
% eligible admissions x-rayed or TB tested	83.1%
% all admissions x-rayed or TB tested and read	76.9%
Total Pap Tests	1,297

Social Services Department Patients served — 1,988 Inpatients; 627 Outpatients

Victorian Order of Nurses

Referrals to V.O.N. Liaison Program	958
Clinic Follow-ups	661
Interviews	1,340

BOARD OF COMMISSIONERS

Morley G. Taylor, Chairman *(Resigned June 1, 1972)*

William G. McNeil
(Appointed Acting Chairman June 1, 1972)
W. Murray Gould
Carolyn MacGregor
Ian E. MacKeigan, Q.C.
Thomas Miller
Ted Rawding
Fred Robinson
Chester B. Stewart, M.D.
Bernard J. Steele, M.D.
(to April 1, 1972)
Stuart C. Robinson, M.D.
(from April 1, 1972)

ADMINISTRATIVE STAFF

M.R. Macdonald, *M.D., C.M., D.P.H., F.R.C.P.(C), Executive Director*
D.M. McNaughton, *C.D., B.A., M.H.A., Director of Administrative Services*
J.J. Hendriks, *Administrative Assistant*
H.J. Churchill, *Director of Accounting Services*
R.E. Buckley, *B.Sc., Personnel Officer*
Miss F.B. Gass, *B.Sc., R.N., Director of Nursing Service*
Miss F.B. O'Donnell, *B.Sc., M.A., R.N., Director of the School of Nursing*
Mrs. G.I. Grant, *B.Sc. N., R.N., Assistant Director of Nursing Service*
Miss J.A. Stewart, *B.Sc., P.Dt., Director of Dietetics*
Miss K. Kinley, *Ph.C., Chief Pharmacist*
Miss M.T. Gillis, *B.Sc., R.N., Supervisor of the Outpatient Department*
Mrs. W. Meagher, *R.N., Supervisor of the Emergency Department*
R.A. Arthur, *B.E.E., Maintenance Manager and Chief Engineer*
W.C. Houlihan, *Supplies Officer*
R.W.J. Hollett, *Fire and Security Officer*

ACTIVE MEDICAL STAFF

MEDICINE

Dr. R.N. Anderson, *Head*
Dr. R.C. Dickson
Dr. B.M. Chandler
Dr. H.N.A. MacDonald
Dr. R.M. MacDonald
Dr. A.J. MacLeod
Dr. W.A. Murray
Dr. H.C. Read
Dr. J.J. Sidorov
Dr. L.C. Steeves
Dr. D.J. Tonning
Dr. J.F.L. Woodbury
Dr. S. Ahmad
Dr. R. Brewer Auld
Dr. B.W.D. Badley
Dr. S.F. Bedwell
Dr. F.A. Davis
Dr. R.D. Gregor
Dr. J.H. Haldane
Dr. L.K. Harris
Dr. L.P. Heffernan
Dr. V.W. Ing
Dr. P.L. Landrigan
Dr. G.R. Langley
Dr. P.A. MacGregor
Dr. A.R. Macneil
Dr. T.J. Murray
Dr. E.L. Reid
Dr. A.H. Shlossberg
Dr. F.M. Smith
Dr. J.W. Stewart
Dr. C.N. Williams
Dr. S.E. York
Dr. D.R.S. Howell
Dr. H.I. Goldberg
Dr. G.J.H. Colwell
Dr. A.H. Shears
Dr. H.I. MacGregor
Dr. J.W. MacIntosh
Dr. R.L. Brown

SURGERY

Dr. G.W. [illegible]ne, *Head*
Dr. J.H. Charr[illegible]an
Dr. E.P. Nonamaker
Dr. J.K.B. Purves
Dr. J.F. Ross
Dr. R.H. Yabsley
Dr. A.J. Buhr
Dr. F.G. Dolan
Dr. C.H. Graham
Dr. C.E. Kinley
Dr. G.J. LeBrun
Dr. J.A. Myrden
Dr. D.M. Nicholson
Dr. S.T. Norvell
Dr. T.M.F. Roberts
Dr. B.J. Steele
Dr. D.V. Willowby
Dr. G.R. Burns
Dr. M. Erdogan
Dr. A.C. MacDonald
Dr. A.S. MacDonald
Dr. D.P. Petrie
Dr. R.F. Scharf
Dr. H.L. Stewart

ANESTHESIA

Dr. C.C. Stoddard, *Head*
Dr. R.M. Ballem
Dr. A.A. Drysdale
Dr. K. Fairhurst
Dr. R.A.P. Fleming
Dr. I.E. Purkis
Dr. B. Solaric
Dr. W.A.P. Thompson
Dr. D.D. Imrie
Dr. E.A. Moffitt
Dr. Y.M. Patel
Dr. J.A. Smith

DENTISTRY

Dr. F.W. Lovely, *Head*
Dr. A.E. Hoffman

DIAGNOSTIC RADIOLOGY

Dr. J.S. Manchester, *Head*
Dr. G.E. Davis
Dr. R.H. James
Dr. A.D. MacKeen
Dr. A.J. Shaw
Dr. A.J. Campbell
Dr. D.R. Campbell
Dr. B. Der
Dr. D.B. Fraser
Dr. L.A. Fried
Dr. C.L. MacMillan
Dr. W.F. Mason

GYNECOLOGY

Dr. W.R.C. Tupper, *Head*
Dr. J. McD. Corston
Dr. I.A. Perlin
Dr. S.C. Robinson
Dr. D.W. Cudmore
Dr. R.C. Fraser
Dr. R.H. Lea
Dr. S.C. MacLeod
Dr. T.R. Martin

NEUROSURGERY

Dr. W.D. Stevenson, *Head*
Dr. W.S. Huestis
Dr. R.A. Langille
Dr. H.G. Malik

OPHTHALMOLOGY

Dr. D.M. MacRae, *Head*
Dr. R.F. Hand
Dr. C.F. Keays
Dr. J.H. Molloy
Dr. D.K. Murray
Dr. D.B. O'Brien
Dr. J.H. Quigley
Dr. E.V. Rafuse
Dr. M.S. Ramsay
Dr. R.M. Read
Dr. G.A. Sapp

OTOLARYNGOLOGY

Dr. J.S. Hammerling, *Head*
Dr. R.S. Murphy
Dr. M.N. Wali

Dr. J.S. Goomar
Dr. V. Ketene
Dr. M.S.C. Sekaran

PATHOLOGY

Dr. D.T. Janigan, *Head*
Dr. J.H. Cooper
Dr. Song Hi An
Dr. G.M. Fraser
Dr. K. Hameed
Dr. M.A. MacAulay
Dr. H.P. Dincsoy
Dr. F.U. Rahman
Dr. V.E. Sangalang

PREVENTIVE MEDICINE

Dr. M.R. Macdonald, *Head*
Dr. C.B. Stewart
Dr. P.C. Gordon

PSYCHIATRY

Dr. R.O. Jones, *Head*
Dr. P. Flynn
Dr. H.K. Hall
Dr. S. Hirsch
Dr. J.F. Nicholson
Dr. C.J. David
Dr. B.K. Doane
Dr. J.H. Gold
Dr. D.L. Hirsch
Dr. L. Kovacs
Dr. A.W. Kushner
Dr. E.M. Rosenberg
Dr. A.M. Shane
Dr. C.E. Taylar
Dr. M.J.C. Thomson
Dr. D. Whitby

RADIATION THERAPY

Dr. R.M. Cunningham, *Head*
Dr. J.A. Aquino
Dr. O.S.Y. Wong
Dr. N.R. Youssef

SEROLOGY AND BACTERIOLOGY

Dr. C.E. van Rooyen, *Head*

UROLOGY

Dr. F.G. Mack, *Head*
Dr. C.L. Gosse
Dr. W.A. Ernst
Dr. P. Belitsky
Dr. S.G. Lannon
Dr. O.H. Millard

FAMILY MEDICINE

Dr. H.C. Still, *Head*

CONSULTING STAFF

Dr. J.C. Acker, *Orthopedics*
Dr. T.B. Acker, *Orthopedics*
Dr. H.B. Atlee, *Gynecology*
Dr. C.J.W. Beckwith, *Medicine*
Dr. N.B. Coward, *Pediatrics*
Dr. J.M. Crosby, *Pediatrics*
Dr. F.A. Dunsworth, *Psychiatry*
Dr. J.F. Filbee, *Radiotherapy*
Dr. E.I. Glenister, *Ophthalmology*
Dr. K.M. Grant, *Gynecology*
Dr. R.S. Grant, *Pediatrics*
Dr. W.K. House, *Surgery*
Dr. D.J. MacKenzie, *Serology & Bacteriology*
Dr. J.D. MacLean, *Dentistry*
Dr. C.S. Marshall, *Neurology*
Dr. B.F. Miller, *Orthopedics*
Dr. A.L. Murphy, *Surgery*
Dr. R.M. Ritchie, *Pediatrics*
Dr. E.F. Ross, *Surgery*
Dr. D.L. Roy, *Pediatric Cardiology*
Dr. T.M. Sieniewicz, *Allergy*
Dr. J.A.R. Tibbles, *Pediatrics*
Dr. R.J. Weil, *Psychiatry*
Dr. J.P. Welch, *Medical Genetics*
Dr. U.A. Weste, *Pediatrics*

VICTORIA GENERAL HOSPITAL
Annual Report, 1972

ERRATA – In the Statistical Summary on page 2, the number of admissions in the Emergency Department during 1972 should read 38,431, not 28,431